

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

H14N

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

08CR564

Eastern District of Virginia  
 U.S. District Court  
 Office of the Clerk  
 Albert V. Bryan United States  
 Courthouse, 2nd Floor  
 401 Courthouse Square  
 Alexandria, VA 22314-5704

## A. Signature

X *S. Dobbins*
 Agent  
 Addressee

## B. Received by (Printed Name)

*S. Dobbins*

## C. Date of Delivery

D. Is delivery address different from Item 1?  Yes  
If YES, enter delivery address below:  No

08CR564

## 3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

## 2. Article Number

(Transfer from service label)

7006 0100 0001 7313 4825

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

\* Sender: Please print your name, address, and ZIP+4 in this box \*

MICHAEL W. DOBBINS  
 CLERK, U.S. DISTRICT COURT  
 219 S. DEARBORN STREET  
 CHICAGO, ILLINOIS 60604

MICHAEL W. DOBBINS  
 CLERK, U.S. DISTRICT COURT

JUL 29 2008 JH

RECEIVED

08CR564

FILED

JUL 29 2008  
 7-29-2008  
 MICHAEL W. DOBBINS  
 CLERK, U.S. DISTRICT COURT